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Women and Infant Nutrition Field Support Project (WINS)

**Technical Assistance Visit of
a WINS Team to Burkina Faso**

October 9 to October 23, 1993

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Program Coordinator

I. BACKGROUND

Dr. Judith A. Ricci (Deputy Director, WINS Project) and Ms. Charlotte Johnson-Welch (Public Health Specialist, International Center for Research on Women)¹ travelled to Burkina Faso from October 9 to October 23, 1993. The trip represents the first WINS visit to Burkina Faso since a buy-in contract was awarded to the WINS Project/Education Development Center, Inc. for the provision of technical assistance to three private voluntary organizations (PVOs) working in Burkina Faso to improve the nutritional status of mothers and young children. The WINS Project will work with a local Burkinabé institution, l'Association pour la Promotion de l'Alimentation infantile au Burkina (APAIB), and two U.S.-based organizations - Save the Children Federation (SCF) and Africare.

The two-year WINS/APAIB program will address specific constraints to optimal maternal and young child nutrition in Burkina Faso by providing technical assistance to APAIB who will collaborate with SCF and Africare. A principal outcome of the technical assistance will be the development of targeted interventions for integration into SCF's and Africare's on-going community health programs in Bazega and Ganzourgou provinces, respectively. The WINS program strategy uses training and human resource development to strengthen the PVOs' in-house technical competence to develop, implement, and evaluate community health interventions. Training and capacity building will focus on: i) operations research design and methods; ii) program development, management, and evaluation; and iii) techniques for information management and dissemination.

II. PURPOSE AND SPECIFIC OBJECTIVES OF THE TRIP

The purpose of the WINS team's trip was to meet with Ms. Binta Barry (Director, APAIB), Mr. Adam Keehn (Field Office Director, SCF/Burkina), and Ms. Dellaphine Rauch-Houekpon (Country Representative, Africare/Burkina) to i) develop detailed workplans for the first year of the collaboration; ii) design operations research protocols for program development; and iii) discuss resources required during the course of the collaboration.

The specific objectives of the trip were as follows.

1. With the three collaborating PVOs, review the WINS Project's proposal submitted to U.S.A.I.D. to: i) ensure that all collaborators fully support the proposed program; and ii) discuss required revisions to the proposal (particularly the budget) after development of the detailed Year 1 workplan. Upper level personnel changes at SCF and Africare required that WINS also brief new staff on agreements reached during previous meetings

¹The International Center for Research on Women is a subcontractor to the WINS Project.

with predecessors.²

2. Define each collaborator's contribution to the program and draft preliminary memoranda of agreement between WINS and APAIB, WINS and SCF, and WINS and Africare.
3. Discuss with APAIB's Director the establishment and implementation of the WINS/APAIB program within the APAIB organizational structure.
4. Develop a detailed workplan for the first year of the program including activities specific to the WINS/APAIB, WINS/APAIB/SCF, and WINS/APAIB/Africare collaborations.
5. Design protocols for operations research to be conducted in the SCF and Africare intervention zones.
6. Meet and work with Dr. Inoussa Kaboré, the WINS/APAIB Program Coordinator, to develop the detailed year 1 workplan and operations research protocols. Dr. Kaboré will be responsible for the in-country promotion, coordination, and monitoring of all WINS/APAIB program activities and resources.
7. Identify local accounting firms in Ouagadougou with the capability to manage all in-country WINS Project finances, and prepare financial reports.

III. ACTIVITIES

A. Meetings with APAIB

The WINS team met with APAIB members (Binta Barry, Léon Sanon, and Inoussa Kaboré) to review the substantive content of the WINS proposal submitted to U.S.A.I.D., to discuss changes to the budget, and to develop the detailed workplan for the program's first year. Additional meetings among the WINS team, Sanon, and Kaboré were conducted to draft the preliminary APAIB/SCF/WINS operations research protocol and data collection instruments.

B. Meetings with APAIB and Africare

WINS met with Africare representatives, Dellaphine Rauch-Houekpon (Country Representative) and Wendy Greene (Program Coordinator), to review the substantive content of the WINS proposal submitted to U.S.A.I.D., and discuss ways in which the WINS/APAIB program could provide technical assistance to Africare to increase the effectiveness of its nutrition interventions.

²Mr. Adam Keehn replaced Mr. Oliver Wilder as Field Office Director for SCF/Burkina and Ms. Wendy Greene replaced Mr. Mark White as Africare's Burkina Program Coordinator.

Africare's Phase II child survival project proposal indicated plans to improve the diets of children and women through i) the promotion of locally acceptable weaning foods and snacks for children that are both energy dense and rich in nutrients, and ii) nutrition education campaigns that stress the importance of good maternal nutrition during lactation and optimal breastfeeding practices.

During discussions with Africare, the WINS team learned that Africare has not yet definitively established its program's focus in the area of nutrition, although generally it would adhere to the broad nutrition goals outline in the Phase II project proposal. Ms. Greene, who is new to the Africare/Burkina program, had not yet been to the field and as such, was still unfamiliar with Africare's program operations and field conditions. In addition, Africare had not yet conducted its Phase I project evaluation and Phase II project baseline survey which will provide more necessary program planning information.

Consequently, given Africare's understandable uncertainty regarding their nutrition programming, the WINS team could not establish a definitive workplan and operations research protocol during the current visit. However, WINS and Africare did tentatively agree that the WINS/APAIB program could provide technical assistance to Africare in the following areas:

1. Design of Phase I evaluation and Phase II baseline surveys: WINS noted that Africare would receive a technical assistance visit from a survey design specialist in mid-November. The WINS/APAIB Program Coordinator will meet with the Africare team during this time to ensure that relevant nutrition indicators would be incorporated into their survey instruments.
2. Development of additional operations research protocols (including data collection instruments or guides) to provide more in-depth information on local practices and perceptions of appropriate behavior to assist in program development
3. Training of field to staff to collect, analyze, and interpret operations research data
4. Development of culturally appropriate and relevant interventions that meet Africare's nutrition programming objectives

The WINS team and Africare agreed that WINS onsite technical assistance would be provided through APAIB with technical oversight from WINS/Washington. They also agreed that the technical assistance would be punctual rather than continuous in nature. The WINS team requested that, once developed, Africare furnish APAIB with its detailed calendar of activities beginning November 1, 1993 and indicating the timing for its Phase I program evaluation and Phase II baseline survey.

C. With APAIB and Save the Children

WINS and APAIB met with Mr. Adam Keehn, SCF/Burkina's new Field Office Director, and the Saponé field team to review the substantive content of the WINS proposal submitted to U.S.A.I.D., and discuss SCF's participation in the APAIB/SCF/WINS operations research activities to be carried out in Bazega province. WINS, APAIB and SCF tentatively agreed that SCF would participate in the following activities depending on the timing of events and their availability:

1. Review and provide feedback to APAIB/WINS on collaborative operations research protocol and instruments
2. Assist in identifying fieldworkers/data collectors
3. Assist in training of trainers and data collectors
4. Assist in identifying and recruiting study participants
5. Introduce APAIB/WINS Project Coordinator and data collectors to communities and serve as guides for household observations
6. Assist as reporters during focus group interviews with community members
7. Assist with supervision of operations research activities
8. Review analyses and their interpretation then, participate in discussing and verifying findings with communities and soliciting community input on appropriate and feasible interventions
9. Participate in Round Table discussions
10. Participate in solution (intervention) testing as implementors
11. Review solution tests (process evaluation) and participate in final conference to disseminate research results
12. Integrate intervention(s) into SCF program

D. With APAIB and U.S.A.I.D./Burkina

The team also had briefing and debriefing sessions with Ms. Neen Alrutz (U.S.A.I.D. Technical Advisor for Child Survival) to discuss the APAIB/WINS program in Burkina. The team left with U.S.A.I.D./Burkina a copy of all documents drafted during the technical assistance visit.

The mission was fully supportive of the WINS Project's effort to provide technical assistance to the three PVOs.

WINS also requested U.S.A.I.D.'s advice on selecting a local accounting firm to manage the APAIB/WINS program's in-country account. Four financial management firms were identified (FIDEXCO, BAC, BACOMA, and BAMIG) and the WINS team met with two of them (FIDEXCO and BAC) before departing the country.

IV. ACCOMPLISHMENTS

The WINS team's visit to Burkina Faso resulted in the following four principal outputs:

1. WINS and APAIB drafted a detailed workplan for activities to be performed during the first year of the APAIB/WINS program in Burkina Faso (from November 1993 through December 1994). Activities were divided by month of the year and by the organizations involved in the activity. It includes both training/capacity building activities and operations research activities with SCF and Africare. Refer to Appendix A.
2. WINS and APAIB designed a preliminary operations research protocol for the APAIB/SCF/WINS collaboration. Focus group discussions and observations will be conducted to identify the most significant constraints to optimal infant and young child nutrition. The research protocol describes how each major stage of the research will be carried out - from sampling to data collection to data analysis. Preliminary focus group guides were also developed and are included as an appendix to the draft research protocol. All research documents will be finalized by January 1, 1994. Refer to Appendix B.
3. Following a meeting with Neen Alrutz (U.S.A.I.D./Burkina TACS Advisor), the team obtained a list of local accounting firms with capability to establish a local WINS Project account, manage all in-country finances, and prepare financial reports. The team met with representatives from two of the four firms (FIDEXCO and BAC) and obtained a company prospectus from each.
4. Preliminary arrangements were made for a two-week January computer training workshop for five members of APAIB to be conducted by Mr. Sanou Tonoma in Ouagadougou. The purpose of the workshop is to teach the skills required for participants to work within the DOS operating system and to use WordPerfect 5.1 and Lotus 1-2-3 computer software packages.

V. NEXT STEPS/FOLLOW-UP ACTIONS

Next steps and follow-up actions have been described in detail in the Year 1 program workplan (Appendix A). Additionally, the WINS team left the APAIB/WINS Program Coordinator, Dr. Kaboré, with a list of activities requiring completion before January 31, 1993 (Appendix C). Before leaving, Drs. Ricci and Kaboré established a mutually convenient time for discussing on-going program activities by telephone after Dr. Ricci returns to Washington.

The key activities projected for the next three months (through January 1994) are summarized as follows:

1. Secure the services of a firm to provide in-country financial management services in support of the Burkina program (November 1993).
2. Identify villages to participate in operations research (November 1993).
3. Meet with Binta Barry in Washington during the week of December 13th to review accomplishments of the visit and discuss future program activities. Specific goals include i) finalizing the program budget and detailed APAIB/SCF/WINS operations research budget; and ii) reviewing and discussing the workplan and preliminary operation research protocol and instruments.
4. Identify and recruit field staff for operations research (December 1993).
5. Finalize APAIB/SCF/WINS operations research protocol, data collection instruments, and field guides for pretest (January 1993).
6. Select sample of 50 child/mother dyads for observation component of research (January 1994).
7. Formally hire Dr. Kaboré as the APAIB/WINS program coordinator and set-up the program office at APAIB (January 1993).³
8. Conduct two-week computer training workshop (January 1994).

³Dr. Kaboré is working as a consultant to the WINS Project until January 1, 1994 when he formally assumes the position of Project Coordinator. Dr. Kaboré will work half-time (20 hours per week) during the month of January and will start to work full-time (40 hours per week) on February 1, 1994.

APPENDIX A

DRAFT FOR DISCUSSION

22 October 1993

DETAILED YEAR 1 WORKPLAN FOR APAIB/WINS PROGRAM IN BURKINA FASO

DATE	ACTIVITY
Nov. 93	APAIB: 1. Decide on financial management of program and fax APAIB Director by 11/5 2. Open local bank account (if needed) 3. Visit to Ouaga by EDC contracts officer (re \$) 4. Finalize revised program budget 5. Develop memorandum of agreement for APAIB/WINS collaboration 6. Check on procurement of laptop in AID contracts office (Prg. coordinator works 1 day/week)
	APAIB/SCF: 1. Finalize research protocol 2. Draft research instruments and data collection manuals 3. Finalize detailed research budget 4. Develop memorandum of agreement for collaboration 5. Identify villages for participation in operations research (sample)
	APAIB/Africare: 1. Project Coordinator with meet with Africare team during Evelyn Gorsling's technical assistance visit to assist in the design of the nutrition component of their combined Phase I evaluation and Phase II baseline survey 2. Develop memorandum of agreement for collaboration 3. Africare provides their activities calendar to APAIB/WINS so that future technical assistance activities can be arranged.
Dec. 93	APAIB: 1. Funding arrives & program begins Dec. 1 2. APAIB Director meets with WINS staff in U.S. (Dec. 13-14) 3. Set up office for prg. coordinator 4. Arrange January computer training workshop 5. Prg. coordinator submits consultant report for October and November activities by Dec. 15 (Prg. coordinator works 1 week this month)

	<p>APAIB/SCF:</p> <ol style="list-style-type: none"> 1. Identify data collectors and supervisors 2. Program coordinator spends a week in Saponé to observe SCF activities, and meet with enqueteurs and supervisors to become well-informed with the on-going SCF intervention 3. Finalize research instruments and data collection manuals for pretest in February <p>APAIB/Africare: Activities to be determined based on calendar of activities. Expected activities include assistance with finalizing data collection instruments.</p>
Jan. 94	<p>APAIB:</p> <ol style="list-style-type: none"> 1. Computer training workshop (Trainer: Tonoma SANOU, 2 weeks, 5 people) 2. Arrange February qualitative research methods workshop to train trainers (1 week, 5 people) 3. Submit Dec. activities report to WINS by Jan. 15 <p>(Prg. coordinator works half-time)</p> <p>APAIB/SCF:</p> <ol style="list-style-type: none"> 1. Arrange February qualitative research methods workshop to train data collectors in focus groups and observations (2 weeks) 2. Program coordinator spends a week in Saponé to continue to observe SCF activities, and meet with enqueteurs and supervisors to become well-informed with the on-going SCF intervention 3. Select observation sample of 50 child/mother dyads <p>APAIB/Africare: Activities to be determined. [Africare expects to be collecting data.]</p>
Feb. 94	<p>APAIB:</p> <ol style="list-style-type: none"> 1. Qualitative research methods workshop to train APAIB members (Trainer: Chris HOLLIS, 1 week, 5 people) 2. Conduct needs assessment for October's nutrition education and communication workshop <p>(Prg. coordinator starts work full-time.)</p>

	APAIB/SCF: 1. Develop training materials for qualitative operations research (Consultant: Chris HOLLIS) 2. Train data collectors in operations research methods (Trainers: Inoussa KABORE & Gaston SOBGO, Consultants: Chris HOLLIS & Charlotte WELCH, 2 weeks) 3. Pretest and finalize research instruments and data collection manuals
	APAIB/Africare: Activities to be determined. [Expected activities include i) reviewing and analyzing data; and ii) designing protocols for additional data collection for nutrition program planning.]
Mar. 94	APAIB: 1. Field work with SCF 2. Identify trainer for June quantitative research methods workshop 3. Conduct needs assessment for June quantitative research methods workshop
	APAIB/SCF: 1. Identify and recruit focus group participants (mothers, community members, health workers etc.) 2. Conduct focus groups and analyze information
	APAIB/Africare: - Activities to be determined. [Expected activities include training and collecting additional data for nutrition program development.]
Apr. 94	APAIB: Submit Jan.-Mar. quarterly report to WINS by Apr. 15
	APAIB/SCF: Continue to conduct focus groups, analyze information, and collect observation data
	APAIB/Africare: Activities to be determined. [Expected activities include: i) analyzing additional data; and ii) development of the nutrition component of Africare's detailed implementation plan.]
May 94	APAIB: Arrange for quantitative research methods workshop (Trainer: TBA, 2 weeks, 5 people)
	APAIB/SCF: 1. Complete data collection 2. Enter and begin cleaning data

	APAIB/Africare: Activities to be determined. [Expected activities include beginning program implementation.]
Jun 94	APAIB: 1. Quantitative research methods workshop (5 people, 2 weeks) 2. APAIB Director attends APHA/Clearinghouse Information for Action workshop in U.S. (3 weeks)
	APAIB/SCF: 1. Complete data cleaning 2. Analyze data (External consultant: Charlotte WELCH)
	APAIB/Africare: Activities to be determined
Jul 94	APAIB: 1. Submit Apr.-Jun. quarterly report to WINS by July 15 2. APAIB Director attends APHA/Clearinghouse Information for Action workshop in U.S. (3 weeks)
	APAIB/SCF: Complete data analysis
	APAIB/Africare: Activities to be determined
Aug. 94	APAIB: Begin to plan for October round table
	APAIB/SCF: Prepare report on findings of operations research
	APAIB/Africare: Activities to be determined
Sep. 94	APAIB: 1. Arrange October round table 2. Arrange November nutrition education and communication workshop to train trainers (5 people, 5 days)
	APAIB/SCF: Provide feedback of operations research results to communities to verify results and to get communities' input on appropriate and feasible interventions
	APAIB/Africare: Activities to be determined
Oct. 94	APAIB: Submit Jul.-Sep. quarterly report to WINS by Oct. 15

	APAIB/SCF: 1. ROUND TABLE (Purpose: to review findings of operations research and discuss strategies for intervention - 3 days) 2. Begin to design interventions (including materials and training needs) 3. Begin to develop research protocols for pilot testing alternative interventions
	APAIB/Africare: Activities to be determined
Nov. 94	APAIB: 1. Nutrition education & communication workshop to train trainers (Trainer: Chris HOLLIS, 5 people, 5 days) 2. Arrange December nutrition education and communication workshop (5 people, 5 days)
	APAIB/SCF: Design of nutrition education and/or communication sector of intervention (if appropriate, based on OR)
	APAIB/Africare: Activities to be determined
Dec. 94	APAIB: 1. Develop detailed workplan for next year 2. APAIB nutrition education & communication workshop (Trainers: APAIB members, 10 people, 5 days)
	APAIB/SCF: 1. Finalize interventions (including materials and training) 2. Finalize research protocol for pilot testing alternative interventions
	APAIB/Africare: Activities to be determined

OUTLINE FOR YEAR 2 ACTIVITIES

MONTH	ACTIVITIES
Jan. - May 95	<ol style="list-style-type: none">1. Test interventions (including continuous collection of indicator data for evaluation of intervention)2. Conduct focus group interviews with non operations research communities to get their input on the appropriateness and acceptability of the pilot interventions3. Information management and dissemination workshop (Trainer: Aissatou WADE, 5 days, 5 people)
Jun. - Sep. 95	Data analysis, finalizing intervention and report preparation
Oct. 95	National results dissemination seminar

APPENDIX B

DRAFT

22 octobre 1993

**PROTOCOLE DE RECHERCHE APAIB/SCF/WINS
POUR L'AMELIORATION DE LA SANTE DE L'ETAT NUTRITIONNEL
DU COUPLE MERE ET DE L'ENFANT
A LA PROVINCE DU BAZEGA
BURKINA FASO**

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22 octobre 1993

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I. IDENTIFICATION DU PROBLEME

Le problème de la nutrition particulièrement des mères et des enfants est d'actualité en ce sens c'est un problème de santé publique surtout dans les pays en voie de développement. Ainsi plusieurs études sont menées ou sont entrain de se mener dans ce domaine dans le but d'améliorer les conditions nutritionnelles de la mère et de l'enfant. Ces différentes interventions ou études utilisent la plupart du temps une approche communautaire.

Plusieurs organisations internationales et nationales s'intéressent à ce domaine sensible et prioritaire des ministères de la santé de plusieurs pays. Au Burkina Faso, on peut citer l'APAIB qui axe ses objectifs sur la promotion de l'alimentation infantile et particulièrement sur l'allaitement maternel. On peut au même titre citer la SCF, qui agit dans un domaine beaucoup plus large de développement rural mais dont l'une des activités concerne la nutrition. SCF intervient dans la zone de Saponé auprès de 18 villages depuis 1987.

L'APAIB et SCF, avec l'appui technique et financier de WINS, se proposent conjointement de mener une étude à Saponé dans le but d'élaborer des stratégies pour renforcer les performances et l'impact de l'intervention de SCF. Pour ce faire une revue de documents existants et la collecte de données complémentaires relatifs à cette zone sont nécessaires.

A. Revue de Documents existants

Des études récentes conduites au Burkina Faso, estiment que 30 pourcent des femmes et 40 pourcent des enfants de moins de cinq ans souffrent de malnutrition. Par conséquent, il est un besoin urgent de stratégie d'intervention pour améliorer l'état nutritionnel de ce couple vulnérable.

En janvier 1993, SCF dans une enquête de base à Saponé, province du Bazèga, a relevé plusieurs contraintes ou obstacles relatifs à l'alimentation optimale des jeunes enfants:

- Toutes les mères pratiquent l'allaitement maternel; cependant seulement, 50% d'entre elles le font immédiatement après la naissance de l'enfant, ce qui ne permet pas à un grand nombre d'enfant de bénéficier des bienfaits du colostrum.
- L'âge où l'on commençait à donner les aliments de supplémentation varie considérablement d'une mère à une autre. Presque 60% des mères indiquent qu'elles ont introduit les aliments de "supplément" entre 4 et 6 mois ; presque 30% avant 4 mois, et presque 10% après six mois.
- Pendant les épisodes de diarrhée, 34% des mères avoir donné le lait maternel moins que d'habitude, et 54% ont réduit la fréquence des aliments solides et semi-solides donnée à l'enfant.

B. Collecte de Données complémentaires

1. Raisons et Utilisation des Données complémentaires

La collecte des données complémentaires portera sur la zone d'intervention de SCF, dans la province du Bazèga. Il s'agit de données portant sur la nutrition des enfants et de leur mère. Les données complémentaires seront collectées pour: i) vérifier que les problèmes identifiés au cours de l'enquête de base sont effectivement perçus comme des problèmes par les membres de la communauté; ii) déterminer les causes réelles et profondes de ces différents problèmes; et iii) développer des d'intervention appropriées et acceptables par la communauté pour solutionner ces problèmes.

Des informations relatives à la perception de la communauté sur les problèmes et leurs causes seront obtenues dans un premier temps en utilisant la technique des Groupes de Discussion Dirigés (GDD). Dans un deuxième temps, des observations seront effectués après une analyse des informations des GDD. Ces données porteront essentiellement sur les problèmes identifiés et leurs causes au cours des GDD, dans le but d'obtenir des données plus détaillées, approfondies et plus spécifiques.

2. Sélection des Villages

L'échantillonnage sera fait à partir des données de base collectées par SCF. Les activités de SCF couvre 18 villages mais en raison des contraintes de ressources, les informations complémentaires seront collectées sur six villages selon les critères suivants:

- le prévalence de la malnutrition parmi les enfants de moins de trois ans ou un autre indicateur de niveau de santé de la population
- la taille de la population du village (les villages à nombre d'habitants élevés permettraient certainement d'avoir une diversité des informations et d'opinion)
- la composition ethnique (plus le village est homogène sur le plan ethnique, plus facile sera déterminer l'influence de l'ethnie dans les comportements des individus par comparaison des villages)

En se basant sur les critères ci-dessus les six villages retenus sont les suivants: [COMPLETER]

3. Les Groupes de Discussion dirigés

Les GDD porteront sur les élément suivants:

- l'alimentation de l'enfant (les déterminants de l'utilisation du colostrum, la conduite du

sevrage, et l'introduction des aliments supplémentaire des enfants)

- la perception des femmes sur leur propre état de santé et de leurs enfants
- l'alimentation de l'enfant malade et convalescent
- la disponibilité des aliments au niveau de la communauté, du ménage, et de l'individuel
- la garde des enfants
- la disponibilité de temps chez les femmes
- les services sanitaires offerts

Les GDD concerneront les membres de la communauté, hommes et femmes. Les hommes qui sont les chefs de concessions pourraient influencer les comportements des femmes. Le choix des groupes de femmes est guidé par leur expérience en matière d'allaitement et de nutrition des enfants. Le groupe de vieilles femmes se justifie par le fait que celles-ci sont les premières conseillères des jeunes femmes et par conséquent, le comportement des femmes en serait une résultante; le groupe d'adolescentes se justifie parce qu'elles n'ont aucune d'expérience en matière d'allaitement.

Quatre GDD seront effectués dans chaque village et concerneront:

- les chefs (hommes) de concessions
- les vieilles femmes (femmes ménopausées)
- les femmes allaitantes ayant un enfant de zéro (0) à trois (3) mois dont quatre à cinq femmes ayant des enfant de 0 à 6 mois et quatre à cinq femmes ayant des enfants de plus de six mois
- les adolescentes (14 à 19 ans) dont quatre à cinq enceintes et de quatre à cinq autres n'ayant pas encore enfanté

Un GDD sera constitué de huit à dix personnes. Les participants aux GDD seront sélectionnés par le personnel de SCF et en collaboration avec les leaders d'opinion de la communauté.

Avant la conduite du GDD, l'animateur devra noter les caractéristiques socio-démographiques de chaque participant:

- ethnie
- âge
- religion

- activités économiques
- situation matrimoniale
- niveau d'instruction

Cette diversification permettra d'avoir des données complémentaires et comparatives au niveau des différents sous-groupes.

4. Les Observations

Cette section sera basée sur des observations effectuées dans la communauté (à domicile). Les informations collectées aborderont de façon approfondie les contraintes et les problèmes relatifs à la nutrition des enfants surtout la conduite de l'allaitement maternel et du sevrage, relevés à partir des données des GDD.

Un total de 50 observations (à domicile) seront effectuées dans les six villages retenus pour l'étude. Une observation portera sur une mère et son enfant (0 à 3 ans). Le recensement renouvelé de FDC en janvier 1994 servira de base d'échantillonnage pour choisir le choix des enfants de 0 à 3 ans et leurs mères pour les observations domiciliaires. Cependant le nombre d'observations par village sera fonctions du nombre de concessions où vivent les enfants de zéro à trois ans.

Le choix se fera de la façon suivante. Dans un premier temps, les concessions abritant les enfants de 0 à 3 ans seront sélectionnées. Dans un deuxième temps, le choix des enfants se fera au hasard par tirage au sort à partir des noms écrits dans des feuilles pliées (le choix par tirage au sort se fera quand il y a plus d'un enfant répondant au critère dans la concession). L'échantillonnage se fera en février 1994, quelques semaines avant le début de la conduite des GDD.

5. Développement des Instruments et les Guides d'Utilisation

Ci-joint les instruments des collectes des données (guides des GDD, et les fiches d'observation) qui ont été confectionnés par les membres de l'APAIB et de WINS. Ces guides seront finalisés en collaboration avec le personnel de FDC. Les formateurs avec l'appui technique de WINS développeront les guides d'utilisation des instruments au cours de formation en février. Un prétest des instruments de collecte des données sera effectué avant le démarrage de l'enquête proprement dite. Le guide d'utilisation des instruments de collecte des données sera ensuite réajusté en fonction des résultats du prétest.

6. Formation des Enquêteurs et Superviseurs

La formation sera assurée par le personnel de l'APAIB et de SCF avec l'appui technique de

WINS. Six enquêteurs et trois superviseurs seront recrutés et formés pour la réalisation de l'enquête. Les enquêteurs qui vont travailler comme facilitateurs des GDD seront recrutés à Ouagadougou parmi les personnes déjà formées en technique des GDD. Les facilitateurs travailleront en équipe avec le personnel de FDC (selon leur disponibilité) ou avec d'autres enquêteurs qui seront des rapporteurs. Les enquêteurs qui effectueront les observations à domicile seront recrutés au niveau de Saponé.

7. Traitement et Analyse des Données

Les données des GDD seront d'abord colligées puis analysées avant de collecter les informations relatives aux observations. L'analyse sera basée sur les critères définis pour l'étude (ethnie, la composition du GDD). Cette approche a l'avantage de compléter et d'approfondir les instruments de collecte relatifs aux observations.

L'analyse des données des observations mettra l'accent sur les différences et la ressemblance d'habitudes et de comportements entre les différents villages, ce qui permettra d'élaborer des stratégies appropriées et acceptables par tous.

II. DEVELOPPEMENT DE STRATEGIES

Les informations complémentaires collectées seront saisies, analysées et feront l'objet d'un rapport. Les conclusions et les problèmes relevés au cours de l'étude seront discutés avec la communauté en guise de feed-back afin de recueillir sa suggestion participative à la résolution des problèmes et à l'élaboration des stratégies. Au cours d'une table ronde qui réunira les membres de l'APAIB, de SCF, de WINS, du ministère de la santé, d'Africare, de l'USAID, les résultats et conclusions de l'étude seront présentés. Les problèmes identifiés seront classés par ordre de priorité en utilisant les critères suivants: (1) l'importance du problème par rapport aux objectifs du programme FDC; (2) l'universalité du problème ("prévalence"); (3) le degré de sensibilité du problème aux corrections ("faisabilité").

A l'issue de la table ronde, les stratégies d'interventions appropriées seront retenues pour les tester sur le terrain en prenant compte des stratégies proposées par les membres des communautés.

Suivant la table ronde, un groupe de coordination réunira les membres de l'APAIB, de SCF et de WINS pour développer des stratégies d'interventions appropriées et élaborer les protocoles pour tester ces interventions.

III. TEST ET EVALUATION DES STRATEGIES

Les stratégies seront testées dans les 6 villages enquêtés. Des GDD seront faits dans d'autres

villages dans le but de recueillir les opinions aux stratégies proposées, ce qui permet d'avoir une idée de l'acceptabilité de ces stratégies dans les autres villages d'intervention de SCF. Au cours des tests, les informations évaluatifs seront collectés et analysés pour tirer les conclusions sur la faisabilité, l'acceptabilité et le coût.

IV. INTEGRATION DES SOLUTIONS DANS LA PROGRAMME FDC

Les conclusions et les suggestions du plan d'action APAIB/WINS/SCF serviront d'appoint au renforcement et à l'amélioration des stratégies d'intervention de SCF. A la fin du programme, un comité de travail réunira le personnel de l'APAIB et de SCF, de WINS et le personnel de la Direction provinciale de la santé de Bazèga pour étudier le processus d'intégration des retombées du programme aux activités de SCF.

Les résultats de cette étude seront également l'objet d'un séminaire national de diffusion en vue d'en permettre une large diffusion des résultats. Les conclusions et les recommandations seront mises à la disposition de SCF et de toute autre institution désirant en faire usage.

ANNEXE

DRAFT FOR DISCUSSION
(Male Heads of Concessions)
20 October 1993

DETAILED FOCUS GROUP GUIDES
(Male Heads of Concessions)

APAIB/SCF/WINS Program to Improve the Nutrition of Children
under 3 Years of Age in Bazega Province

FOOD AVAILABILITY

A. Community Level Food Availability

What foods do you find in the market? [Elicit local names of food items]

Do you find prepared foods in the market, such as bouillie or toh and sauce? What are they?
How much do they cost?

Are some foods always found in the market? What are they?

What foods are not always in the market? What are they?

What factors determine whether they are there or not?

According to [factor] what foods do you find in the market? [Repeat question for all factors mentioned]

How much do you pay for [name of food]?

Do you pay the same amount for [name of food] all the time? If not, what factors determine how much you pay? How does [factor] affect how much you pay?

B. Household Level Food Availability

How do families get their food?

Is it purchased? How much?

Is it grown by family for family consumption? How much?

Is it traded between families? How much?

Are there other ways? What are they?

Do families ever purchase already prepared foods? What kinds? How often? Why?

Who decides what is purchased (grown, traded, other)?

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DRAFT FOR DISCUSSION
(Male Heads of Concessions)
20 October 1993

What are the criteria for deciding on what is purchased (grown, traded, other)?

Who purchases (grows, trades, other) the food?

C. Individual Level Food Availability

When do people eat during the day? Does this ever change? How? Why?

Who eats together? Does this ever change? How? Why?

Who prepares the food? Does this ever change? How? Why?

Are different foods served at different times of the day? Does this ever change? How? Why?

Do people eat in a particular order? If so, who eats 1st, 2nd, 3rd etc.? Does this ever change?
How? Why?

DRAFT FOR DISCUSSION
(Male Heads of Concessions)
20 October 1993

CHILD CARE

Who decides how children are cared for?

Who takes care of the children in the family? (prompt for other people including grandparents, siblings, other mothers in concession, neighbors)

Does the child's age affect who takes care of him or her? If so, who takes care of very young children? At what age of the child, can someone different care for him or her?

What do mothers do about child care when they are working in the fields? When they go to the market? When they are sick? Does this depend on the child's age?

Who takes care of children when they are sick?

Who decides what to do for the child when he or she is sick?

Who feeds children?

Who decides what the child should eat?

DRAFT FOR DISCUSSION
(Male Heads of Concessions)
20 October 1993

WOMEN'S TIME

Describe what men do during a typical day. (Determine what influences their activities and how they are affected, especially the effect of seasons)

Describe what women do during a typical day. (Determine what influences their activities and how they are affected, especially the effect of seasons, women's age, and ages of children)

Do women do the same things every day? If not, how do they decide what to do each day?

What tasks are women's responsibility?

What tasks are men's responsibility?

What tasks must women do each day?

DRAFT FOR DISCUSSION
(Male Heads of Concessions)
20 October 1993

HEALTH SERVICE DELIVERY

It should be clear that the following questions refer to information obtained through the health service delivery system (including SCF), NOT from friends or family members.

What kinds of information have you already heard about breastfeeding? From whom? What do you think about that advice?

What kinds of information have you already heard about weaning children? From whom? What do you think about that advice?

What kinds of information have you already heard about feeding children? From whom? What do you think about that advice?

DRAFT FOR DISCUSSION

(Older Women)

20 October 1993

DETAILED FOCUS GROUP GUIDES

(Older Women)

APAIB/SCF/WINS Program to Improve the Nutrition of Children

under 3 Years of Age in Bazega Province

DRAFT FOR DISCUSSION

(Older Women)

20 October 1993

DETERMINANTS OF COLOSTRUM USE

Sometimes before an infant is born and always just after an infant is born, a yellowish somewhat sticky substance is secreted from the mother's breasts. What do mothers call this? [Use these terms in questioning.]

What do you know about it?

Do mothers ever feed this to their infants?

Yes responses: Why? Why is it good? Do you agree with that? What is best about it?

No responses: Why not? What is wrong with it? Do you agree with that? What is worst about it?

What kinds of information would mothers like to know about "colostrum" so that they would feed it to their infants?

When pregnant women or new mothers here need advice or information about feeding their infants, what do they do? Whom do they ask first? Second? Anyone else?

Would mothers here be interested in a health education program to give them more information about feeding their infants? Why or why not?

If a health education program were to be started here to teach mothers about infant feeding, what would be the best way to do it? What would be the best way to convey this information?

DRAFT FOR DISCUSSION

(Older Women)

20 October 1993

DETERMINANTS OF INFANT SUPPLEMENTARY FEEDING PRACTICES

In addition to breastmilk, what do mothers here first give to their infants?

When do mothers give their infants this liquid or solid food?

Why do mothers give this to their infants at that time?

How do mothers know when it is the right time to give this to their infants?

How often is best for mothers to give this to their infants? Why?

Is this what most mothers do? (if NO - Why not?)

After this [name of food or beverage], what do mothers give to their infants?

[Repeat questions 2 to 6 here and then continue this line of questioning until all "adult" foods have been introduced to the child's diet.]

What kinds of information would mothers like to know about feeding their infants?

When pregnant women or new mothers here need advice or information about feeding their infants, what do they do? Whom do they ask first? Second? Anyone else?

Would mothers here be interested in a health education program to give them more information about feeding their infants? Why or why not?

If a health education program were to be started here to teach mothers about infant feeding, what would be the best way to do it? What would be the best way to convey this information?

DRAFT FOR DISCUSSION
(Older Women)
20 October 1993

MATERNAL PERCEPTIONS OF HEALTHY AND UNHEALTHY CHILDREN

How does a healthy "infant" look?

How does a healthy "infant" act?

How does an unhealthy "infant" look?

How does an unhealthy "infant" act?

Do mothers look for the same signs in boys as in girls?

How does a healthy "child" look?

How does a healthy "child" act?

How does an unhealthy "child" look?

How does an unhealthy "child" act?

Do mothers look for the same signs in boys as in girls?

DRAFT FOR DISCUSSION

(Older Women)

20 October 1993

INFANT FEEDING PRACTICES DURING ILLNESS EPISODES

Do mothers feed children differently when they are ill? If yes...

What foods are either added to the diet or fed more frequently?

Why are they given when the child is ill?

How often are they given when the child is ill?

What drinks or broths are either added to the diet or fed more frequently?

Why are they given when the child is ill?

How often are they given when the child is ill?

What foods are restricted from the diet?

Why are they restricted when the child is ill?

How often are they given when the child is ill?

What drinks or broths are restricted from the diet?

Why are they restricted when the child is ill?

How often are they given when the child is ill?

Some mothers increase the frequency of breastfeeding an ill child. Why do they do that?

What do you think about that?

Some mothers decrease the frequency of breastfeeding an ill child. Why do they do that?

What do you think about that?

DRAFT FOR DISCUSSION

(Older Women)

20 October 1993

FOOD AVAILABILITY

A. Community Level Food Availability

What foods do you find in the market? [Elicit local names of food items]

Do you find prepared foods in the market, such as bouillie or toh and sauce? What are they?
How much do they cost?

Are some foods always found in the market? What are they?

What foods are not always in the market? What are they?

What factors determine whether they are there or not?

According to [factor] what foods do you find in the market? [Repeat question for all factors mentioned]

How much do you pay for [name of food]?

Do you pay the same amount for [name of food] all the time? If not, what factors determine how much you pay? How does [factor] affect how much you pay?

B. Household Level Food Availability

How do families get their food?

Is it purchased? How much?

Is it grown by family for family consumption? How much?

Is it traded between families? How much?

Are there other ways? What are they?

Do families ever purchase already prepared foods? What kinds? How often? Why?

25

DRAFT FOR DISCUSSION

(Older Women)

20 October 1993

Who decides what is purchased (grown, traded, other)?

What are the criteria for deciding on what is purchased (grown, traded, other)?

Who purchases (grows, trades, other) the food?

C. Individual Level Food Availability

When do people eat during the day? Does this ever change? How? Why?

Who eats together? Does this ever change? How? Why?

Who prepares the food? Does this ever change? How? Why?

Are different foods served at different times of the day? Does this ever change? How? Why?

Do people eat in a particular order? If so, who eats 1st, 2nd, 3rd etc.? Does this ever change? How? Why?

DRAFT FOR DISCUSSION

(Older Women)

20 October 1993

CHILD CARE

Who decides how children are cared for?

Who takes care of the children in the family? (prompt for other people including grandparents, siblings, other mothers in concession, neighbors)

Does the child's age affect who takes care of him or her? If so, who takes care of very young children? At what age of the child, can someone different care for him or her?

What do mothers do about child care when they are working in the fields? When they go to the market? When they are sick? Does this depend on the child's age?

Who takes care of children when they are sick?

Who decides what to do for the child when he or she is sick?

Who feeds children?

Who decides what the child should eat?

DRAFT FOR DISCUSSION

(Older Women)

20 October 1993

WOMEN'S TIME

Describe what you do during a typical day from the time you wake up until the time when you go to sleep. (Determine the factors that shape time use like seasonality and the differences in activities according to these)

Do you do the same things every day? If not, how do you decide what to do each day?

What tasks must you do each day?

What tasks would you not do if you had a choice?

If you had more time each day, what activities would you perform?

If you had more time for yourself, what would you do with it?

DRAFT FOR DISCUSSION

(Older Women)

20 October 1993

HEALTH SERVICE DELIVERY

It should be clear that the following questions refer to information obtained through the health service delivery system (including SCF), NOT from friends or family members.

What kinds of information have you already heard about breastfeeding? From whom? What do you think about that advice?

What kinds of information have you already heard about weaning children? From whom? What do you think about that advice?

What kinds of information have you already heard about feeding children? From whom? What do you think about that advice?

DRAFT FOR DISCUSSION
(Breastfeeding Women)
20 October 1993

DETAILED FOCUS GROUP GUIDES
(Women Currently Breastfeeding)

APAIB/SCF/WINS Program to Improve the Nutrition of Children
under 3 Years of Age in Bazega Province

DRAFT FOR DISCUSSION
(Breastfeeding Women)
20 October 1993

DETERMINANTS OF COLOSTRUM USE

Sometimes before an infant is born and always just after an infant is born, a yellowish somewhat sticky substance is secreted from the mother's breasts. What do mothers call this? [Use these terms in questioning.]

What do you know about it?

Do mothers ever feed this to their infants?

Yes responses: Why? Why is it good? Do you agree with that? What is best about it?

No responses: Why not? What is wrong with it? Do you agree with that? What is worst about it?

What kinds of information would mothers like to know about "colostrum" so that they would feed it to their infants?

When pregnant women or new mothers here need advice or information about feeding their infants, what do they do? Whom do they ask first? Second? Anyone else?

Would mothers here be interested in a health education program to give them more information about feeding their infants? Why or why not?

If a health education program were to be started here to teach mothers about infant feeding, what would be the best way to do it? What would be the best way to convey this information?

DRAFT FOR DISCUSSION

(Breastfeeding Women)

20 October 1993

DETERMINANTS OF INFANT SUPPLEMENTARY FEEDING PRACTICES

In addition to breastmilk, what do mothers here first give to their infants?

When do mothers give their infants this liquid or solid food?

Why do mothers give this to their infants at that time?

How do mothers know when it is the right time to give this to their infants?

How often is best for mothers to give this to their infants? Why?

Is this what most mothers do? (if NO - Why not?)

After this [name of food or beverage], what do mothers give to their infants?

[Repeat questions 2 to 6 here and then continue this line of questioning until all "adult" foods have been introduced to the child's diet.]

What kinds of information would mothers like to know about feeding their infants?

When pregnant women or new mothers here need advice or information about feeding their infants, what do they do? Whom do they ask first? Second? Anyone else?

Would mothers here be interested in a health education program to give them more information about feeding their infants? Why or why not?

If a health education program were to be started here to teach mothers about infant feeding, what would be the best way to do it? What would be the best way to convey this information?

DRAFT FOR DISCUSSION

(Breastfeeding Women)

20 October 1993

MATERNAL PERCEPTIONS OF HEALTHY AND UNHEALTHY CHILDREN

How does a healthy "infant" look?

How does a healthy "infant" act?

How does an unhealthy "infant" look?

How does an unhealthy "infant" act?

Do mothers look for the same signs in boys as in girls?

How does a healthy "child" look?

How does a healthy "child" act?

How does an unhealthy "child" look?

How does an unhealthy "child" act?

Do mothers look for the same signs in boys as in girls?

DRAFT FOR DISCUSSION

(Breastfeeding Women)

20 October 1993

INFANT FEEDING PRACTICES DURING ILLNESS EPISODES

Do mothers feed children differently when they are ill? If yes...

What foods are either added to the diet or fed more frequently?

Why are they given when the child is ill?

How often are they given when the child is ill?

What drinks or broths are either added to the diet or fed more frequently?

Why are they given when the child is ill?

How often are they given when the child is ill?

What foods are restricted from the diet?

Why are they restricted when the child is ill?

How often are they given when the child is ill?

What drinks or broths are restricted from the diet?

Why are they restricted when the child is ill?

How often are they given when the child is ill?

Some mothers increase the frequency of breastfeeding an ill child. Why do they do that?

What do you think about that?

Some mothers decrease the frequency of breastfeeding an ill child. Why do they do that?

What do you think about that?

DRAFT FOR DISCUSSION
(Breastfeeding Women)
20 October 1993

FOOD AVAILABILITY

A. Community Level Food Availability

What foods do you find in the market? [Elicit local names of food items]

Do you find prepared foods in the market, such as bouillie or toh and sauce? What are they?
How much do they cost?

Are some foods always found in the market? What are they?

What foods are not always in the market? What are they?

What factors determine whether they are there or not?

According to [factor] what foods do you find in the market? [Repeat question for all factors mentioned]

How much do you pay for [name of food]?

Do you pay the same amount for [name of food] all the time? If not, what factors determine how much you pay? How does [factor] affect how much you pay?

B. Household Level Food Availability

How do families get their food?

Is it purchased? How much?

Is it grown by family for family consumption? How much?

Is it traded between families? How much?

Are there other ways? What are they?

Do families ever purchase already prepared foods? What kinds? How often? Why?

Who decides what is purchased (grown, traded, other)?

DRAFT FOR DISCUSSION

(Breastfeeding Women)

20 October 1993

What are the criteria for deciding on what is purchased (grown, traded, other)?

Who purchases (grows, trades, other) the food?

C. Individual Level Food Availability

When do people eat during the day? Does this ever change? How? Why?

Who eats together? Does this ever change? How? Why?

Who prepares the food? Does this ever change? How? Why?

Are different foods served at different times of the day? Does this ever change? How? Why?

Do people eat in a particular order? If so, who eats 1st, 2nd, 3rd etc.? Does this ever change? How? Why?

DRAFT FOR DISCUSSION
(Breastfeeding Women)
20 October 1993

CHILD CARE

Who decides how children are cared for?

Who takes care of the children in the family? (prompt for other people including grandparents, siblings, other mothers in concession, neighbors)

Does the child's age affect who takes care of him or her? If so, who takes care of very young children? At what age of the child, can someone different care for him or her?

What do mothers do about child care when they are working in the fields? When they go to the market? When they are sick? Does this depend on the child's age?

Who takes care of children when they are sick?

Who decides what to do for the child when he or she is sick?

Who feeds children?

Who decides what the child should eat?

DRAFT FOR DISCUSSION

(Breastfeeding Women)

20 October 1993

WOMEN'S TIME

Describe what you do during a typical day from the time you wake up until the time when you go to sleep. (Determine the factors that shape time use like seasonality and the differences in activities according to these)

Do you do the same things every day? If not, how do you decide what to do each day?

What tasks must you do each day?

What tasks would you not do if you had a choice?

If you had more time each day, what activities would you perform?

If you had more time for yourself, what would you do with it?

DRAFT FOR DISCUSSION

(Breastfeeding Women)

20 October 1993

HEALTH SERVICE DELIVERY

It should be clear that the following questions refer to information obtained through the health service delivery system (including SCF), NOT from friends or family members.

What kinds of information have you already heard about breastfeeding? From whom? What do you think about that advice?

What kinds of information have you already heard about weaning children? From whom? What do you think about that advice?

What kinds of information have you already heard about feeding children? From whom? What do you think about that advice?

DRAFT FOR DISCUSSION
(Adolescents and Young Women)
20 October 1993

DETAILED FOCUS GROUP GUIDES
(Adolescent Girls and Young Women)

APAIB/SCF/WINS Program to Improve the Nutrition of Children
under 3 Years of Age in Bazega Province

DRAFT FOR DISCUSSION
(Adolescents and Young Women)
20 October 1993

DETERMINANTS OF COLOSTRUM USE

Sometimes before an infant is born and always just after an infant is born, a yellowish somewhat sticky substance is secreted from the mother's breasts. What do mothers call this? [Use these terms in questioning.]

What do you know about it?

Do mothers ever feed this to their infants?

Yes responses: Why? Why is it good? Do you agree with that? What is best about it?

No responses: Why not? What is wrong with it? Do you agree with that? What is worst about it?

What kinds of information would mothers like to know about "colostrum" so that they would feed it to their infants?

When pregnant women or new mothers here need advice or information about feeding their infants, what do they do? Whom do they ask first? Second? Anyone else?

Would mothers here be interested in a health education program to give them more information about feeding their infants? Why or why not?

If a health education program were to be started here to teach mothers about infant feeding, what would be the best way to do it? What would be the best way to convey this information?

DRAFT FOR DISCUSSION
(Adolescents and Young Women)
20 October 1993

DETERMINANTS OF INFANT SUPPLEMENTARY FEEDING PRACTICES

In addition to breastmilk, what do mothers here first give to their infants?

When do mothers give their infants this liquid or solid food?

Why do mothers give this to their infants at that time?

How do mothers know when it is the right time to give this to their infants?

How often is best for mothers to give this to their infants? Why?

Is this what most mothers do? (if NO - Why not?)

After this [name of food or beverage], what do mothers give to their infants?

[Repeat questions 2 to 6 here and then continue this line of questioning until all "adult" foods have been introduced to the child's diet.]

What kinds of information would mothers like to know about feeding their infants?

When pregnant women or new mothers here need advice or information about feeding their infants, what do they do? Whom do they ask first? Second? Anyone else?

Would mothers here be interested in a health education program to give them more information about feeding their infants? Why or why not?

If a health education program were to be started here to teach mothers about infant feeding, what would be the best way to do it? What would be the best way to convey this information?

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DRAFT FOR DISCUSSION
(Adolescents and Young Women)
20 October 1993

MATERNAL PERCEPTIONS OF HEALTHY AND UNHEALTHY CHILDREN

How does a healthy "infant" look?

How does a healthy "infant" act?

How does an unhealthy "infant" look?

How does an unhealthy "infant" act?

Do mothers look for the same signs in boys as in girls?

How does a healthy "child" look?

How does a healthy "child" act?

How does an unhealthy "child" look?

How does an unhealthy "child" act?

Do mothers look for the same signs in boys as in girls?

INFANT FEEDING PRACTICES DURING ILLNESS EPISODES

Do mothers feed children differently when they are ill? If yes...

What foods are either added to the diet or fed more frequently?

Why are they given when the child is ill?

How often are they given when the child is ill?

What drinks or broths are either added to the diet or fed more frequently?

Why are they given when the child is ill?

How often are they given when the child is ill?

What foods are restricted from the diet?

Why are they restricted when the child is ill?

How often are they given when the child is ill?

What drinks or broths are restricted from the diet?

Why are they restricted when the child is ill?

How often are they given when the child is ill?

Some mothers increase the frequency of breastfeeding an ill child. Why do they do that?

What do you think about that?

Some mothers decrease the frequency of breastfeeding an ill child. Why do they do that?

What do you think about that?

DRAFT FOR DISCUSSION
(Adolescents and Young Women)
20 October 1993

FOOD AVAILABILITY

A. Community Level Food Availability

What foods do you find in the market? [Elicit local names of food items]

Do you find prepared foods in the market, such as bouillie or toh and sauce? What are they?
How much do they cost?

Are some foods always found in the market? What are they?

What foods are not always in the market? What are they?

What factors determine whether they are there or not?

According to [factor] what foods do you find in the market? [Repeat question for all factors mentioned]

How much do you pay for [name of food]?

Do you pay the same amount for [name of food] all the time? If not, what factors determine how much you pay? How does [factor] affect how much you pay?

B. Household Level Food Availability

How do families get their food?

Is it purchased? How much?

Is it grown by family for family consumption? How much?

Is it traded between families? How much?

Are there other ways? What are they?

Do families ever purchase already prepared foods? What kinds? How often? Why?

Who decides what is purchased (grown, traded, other)?



DRAFT FOR DISCUSSION

(Adolescents and Young Women)

20 October 1993

What are the criteria for deciding on what is purchased (grown, traded, other)?

Who purchases (grows, trades, other) the food?

C. Individual Level Food Availability

When do people eat during the day? Does this ever change? How? Why?

Who eats together? Does this ever change? How? Why?

Who prepares the food? Does this ever change? How? Why?

Are different foods served at different times of the day? Does this ever change? How? Why?

Do people eat in a particular order? If so, who eats 1st, 2nd, 3rd etc.? Does this ever change? How? Why?

DRAFT FOR DISCUSSION
(Adolescents and Young Women)
20 October 1993

CHILD CARE

Who decides how children are cared for?

Who takes care of the children in the family? (prompt for other people including grandparents, siblings, other mothers in concession, neighbors)

Does the child's age affect who takes care of him or her? If so, who takes care of very young children? At what age of the child, can someone different care for him or her?

What do mothers do about child care when they are working in the fields? When they go to the market? When they are sick? Does this depend on the child's age?

Who takes care of children when they are sick?

Who decides what to do for the child when he or she is sick?

Who feeds children?

Who decides what the child should eat?

DRAFT FOR DISCUSSION

(Adolescents and Young Women)

20 October 1993

WOMEN'S TIME

Describe what women do during a typical day from the time they wake up until the time they go to sleep. (Determine the factors that shape time use like seasonality and the differences in activities according to these)

Do they do the same things every day? If not, how do they decide what to do each day?

What tasks must they do each day?

What tasks would they not do if they had a choice?

If they had more time each day, what activities do you think they would perform?

If they had more time for themselves, what do you think they would do with it?

DRAFT FOR DISCUSSION
(Adolescents and Young Women)
20 October 1993

HEALTH SERVICE DELIVERY

It should be clear that the following questions refer to information obtained through the health service delivery system (including SCF), NOT from friends or family members.

What kinds of information have you already heard about breastfeeding? From whom? What do you think about that advice?

What kinds of information have you already heard about weaning children? From whom? What do you think about that advice?

What kinds of information have you already heard about feeding children? From whom? What do you think about that advice?

APPENDIX C

DRAFT FOR DISCUSSION

October 22, 1993

**TASKS FOR THE
APAIB/WINS PROGRAM COORDINATOR**

(October 23, 1993 to January 30, 1994)

Between October 23 and November 30, 1993, the APAIB/WINS Program Coordinator (PC) will perform the following tasks:

1. Make editorial corrections, as needed, to the translated (French version) WINS/APAIB Program Proposal to ensure accuracy and consistency in meaning between the English and French versions.
2. Arrange payment for Sanou TONOMA when he completes translation of the detailed Year 1 workplan. Make editorial corrections, as needed, to this document to ensure accuracy and consistency in meaning between the English and French versions.
3. Translate into French the one-page list of activities where SCF input is required during the course of the APAIB/SCF/WINS collaboration. Give French and English versions to Adam Keehn at SCF for discussion with Saponé field team.
4. Contact the SCF field team in Saponé to:
 - Obtain a copy of their most recent census data base (as an ASCII flat file)
 - Obtain a copy of documents describing other SCF activities particularly related to agriculture, cereal banks, and women's income generation. Copy and send to WINS in Washington.
 - See if they have 3 tape recorders that we could use in our focus group data collection.
5. Conduct additional preliminary data analysis on the SCF census data either in Saponé (using the SCF computer) or in Ouaga (using your computer). Obtain the following information on the 18 SCF villages to help in village sample selection:
 - Population size
 - Ethnicity of household head
 - An indicator of health status of population

The indicator of health status should be the prevalence of undernutrition (low weight for age). However, if this information is not available, another indicator such as measles vaccination rates should be used.

6. Generate a table to display the three village selection criteria by village. After table is created, fax to WINS in Washington for discussion on village selection.
7. Select 6 SCF villages for operations research sample.
8. Contact Africare in early November to confirm dates of Evelyn Gorsling's technical assistance visit. Arrange to meet with Africare during this time to provide input on the nutrition component of their Phase I project evaluation and their Phase II baseline survey.
9. Ask Jean-Parfait DOUAMBA or Leon SANON to help identify field workers who have been trained in focus group techniques by the Nutricom project.
10. Any other tasks as requested by APAIB and WINS.

Between December 1, 1993 and January 30, 1994, the Program Coordinator will perform the following tasks:

1. Prepare and submit (by Dec. 15) consultant's report describing accomplishments during the months of October and November and future actions to be taken.
2. Two one-week field visits to SCF villages in Bazega province to:
 - Talk to SCF enqueteurs to determine their capabilities to collect operations research for us.
 - Observe SCF field activities (child survival and other) to see what the animatrices are actually doing and how they're doing it.
 - Find out names and households of infants born in the SCF villages since the last (February 1993) census

Visits should be coordinated with SCF so that you have the opportunity to observe the full range of activities being conducted. Prepare and submit a report of findings of these visits.

3. Arrange the January Computer Training workshop.
4. Arrange the February Qualitative Research methods workshops.
5. Any other tasks as requested by APAIB and WINS.